

# Special Needs Offenders



STAFF DEVELOPMENT AND TRAINING



# Performance Objectives



1. Define a Special Needs Offender
2. List 5 benefits of identifying Special Needs Offenders
3. List 6 special needs medical conditions
4. Identify at least 2 actions to be taken for each of the 6 special needs medical conditions



# Performance Objectives



5. List two types of physical disabilities
6. Identify 8 tips for working with offenders with intellectual & developmental disabilities
7. List at least 2 behavior management techniques to use when working with an offender with ADHD
8. Identify 6 do's when working with offenders diagnosed with schizophrenia



# Performance Objectives



9. List 5 do's when working with offenders with anxiety disorders
10. Identify 10 tips for working with offenders who have mood disorders
11. Identify the 4 most common medication side effects
12. List 7 principles recommended for effectively managing Special Needs Offenders

# Definition: Special Needs Offender



A general term that refers to offenders with various types of medical, physical, and/or mental disabilities



# Legal Issues



The U.S. Supreme Court has ruled that correctional facilities are prohibited from being “deliberately indifferent” to serious medical needs of offenders.

# Legal Issues



- Prison Litigation Reform Act (PLRA)
- Americans with Disabilities Act (ADA)
- The Civil Rights of Institutionalized Persons Act (CRIPA)

# Offender Rights



- The right to a reasonably safe environment
- The right to access programs and resources
- The right to due process
- The right to special education

# Benefits of Identifying Special Needs Offenders



1. Decrease misunderstandings between staff and offenders
2. Decrease confrontations, physical or verbal, between special need offenders and other offenders
3. Decrease unnecessary write-ups
4. May be assigned special housing to better accommodate their needs
5. It is the professionally humane and responsible thing to do

# Offenders with Medical Conditions



**OFFENDERS WITH  
VARIOUS MEDICAL  
CONDITIONS MAY  
REQUIRE SOME DEGREE  
OF SPECIAL CARE AND  
TREATMENT**

# Epileptic Seizure



## **Do:**

- Remove objects that could cause injury
- Loosen tight clothing
- Roll the offender on to his/her side
- Put a pillow or folded blanket under the head
- Alert medical staff immediately
- Summon staff for assistance

## **Don't:**

- Attempt to restrain the person
- Place any objects in mouth
- Force the mouth open
- Pour liquids in the mouth





# Diabetes



- A condition that prevents the body from processing sugar properly
- Offenders with diabetes may need to take insulin
- Diabetics are subject to 2 very different types of emergencies

# Diabetic Emergency



- Diabetic Coma
- Insulin Shock

## When dealing with a Diabetic Emergency

- Do:** Call for medical assistance immediately and allow the offender to eat something if necessary
- Don't:** Leave the offender unattended

# Cardiovascular Conditions

## Signs of a Heart Attack



- Pain
- Unusual behavior
- Feeling tense or uptight
- Feel something is seriously wrong
- Confused
- Disoriented
- Change in skin color
- Faint
- Thrash around
- Lose consciousness
- Shortness of breath

# Stroke Victim

## Symptoms

- Headache
- Confusion
- Numbness in arms/legs
- Slurred speech
- Unequal pupil size
- Loss of consciousness

## Do's

- Call for medical assistance immediately
- Treat person like a cardiac emergency
- Calm and reassure the person

# Allergic Reactions



**Call For Medical  
Assistance Immediately**

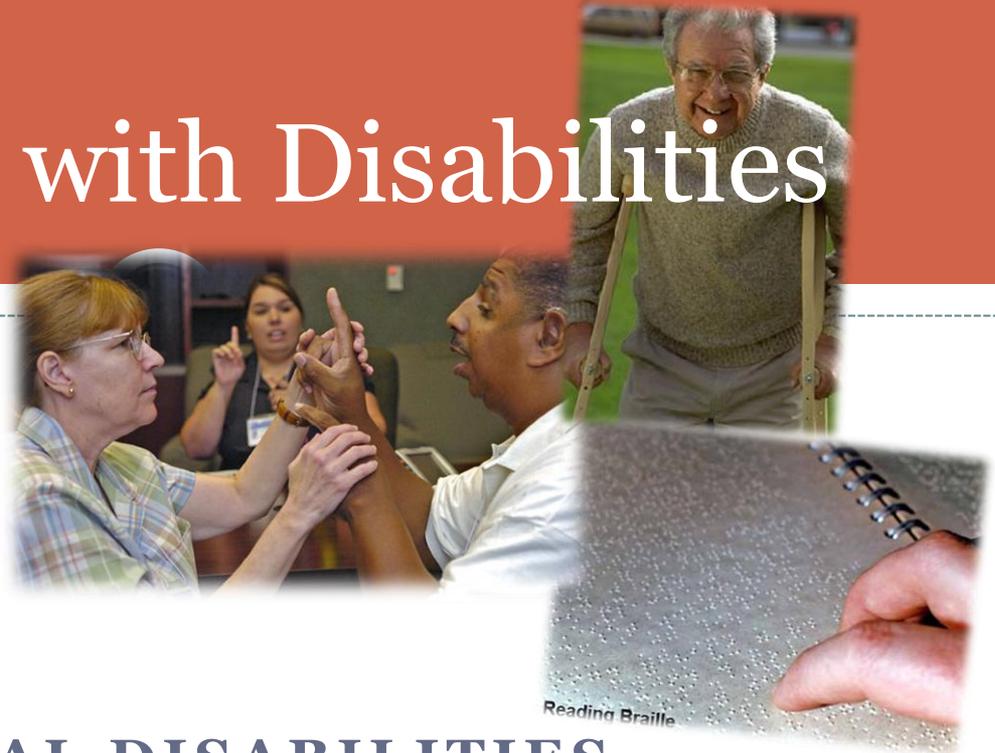


# Asthma Attacks



- Call for medical assistance
- Help them get into a comfortable position
- Help them take their medication
- Try to calm and reassure them

# Offenders with Disabilities



**PHYSICAL DISABILITIES  
AFFECTING OFFENDERS COULD  
INCLUDE HEARING OR VISUAL  
IMPAIRMENT, LOSS OF MOBILITY  
FROM BROKEN OR AMPUTATED  
LIMBS, ETC.**

# Working with Severely Hearing Impaired Offenders



- Position yourself in front of the offender
- Maintain a structured schedule
- Provide expectations in writing or through an interpreter
- Be aware in a crisis, events can occur so quickly the offender may be already frustrated due to his or her disability

# Working with Visually Impaired Offenders



- Provide a consistent physical environment
- Provide a complete orientation to the facility grounds initially
- Speak in a normal tone
- During a crisis or emergency situation provide direct assistance to insure proper responses
- When asking about an incident, ask the offender to describe what happened based on what he or she could perceive

# Juvenile Offenders with Mental Health Disorders



- Why are there so many juveniles in detention with mental health disorders?
- How do symptoms of depression in adolescents differ from symptoms in adults?
- How can we prevent being manipulated by juvenile offenders with mental disabilities?
- What are some tips for being an effective supervisor of juveniles with mental health disorders?

# Intellectual Disabilities



About 3% of the U.S. population suffers from mental retardation

Approximately 9% of the offenders suffer from this disability

# IQ Levels



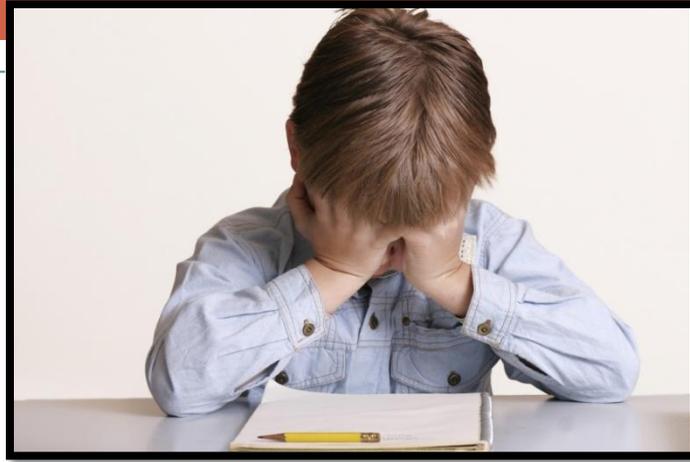
- Mild mental retardation IQ 50-55 to 70
- Moderate mental retardation IQ 35-40 to 50-55
- Severe mental retardation IQ 20-25 to 35-40
- Profound mental retardation IQ below 20-25

# Supervising Offenders with Intellectual & Developmental Disabilities



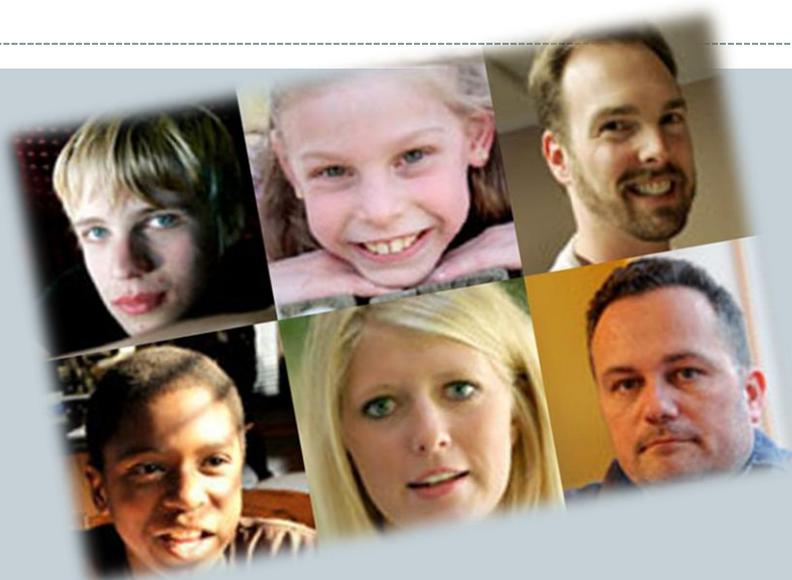
- Minimize extra activity in the room
- Speak in short sentences
- One directive at a time
- Ensure the offender understands the request
- Reminders
- Positive directions
- Concrete communication
- Speak slowly and clearly

# Learning Disorders



**THE LEARNING PROBLEMS SIGNIFICANTLY  
INTERFERE WITH ACADEMIC ACHIEVEMENTS  
OR ACTIVITIES OF DAILY LIVING THAT  
REQUIRE READING, MATHEMATICAL, OR  
WRITING SKILLS**

# ADHD



Some children do not outgrow ADHD

Adults experience the same symptoms as children

Many adults in correctional systems have ADHD that  
has not been diagnosed

# Primary Traits of ADHD



- Inattention
- Impulsiveness
- Hyperactivity
- Low self-esteem
- Mood instability
- Emotional immaturity
- Temper outbursts
- Resistance to conditioning
- Academic underachievement
- Low frustration tolerance
- Average to above intelligence
- Poor social skills
- Poor organizational skills
- Poor fine motor skills

# Tips for Working with ADHA Offenders



- Reduce unnecessary activity
- Maintain regular daily activity and expectations
- When giving direction, make eye contact, be sure the offender is paying attention
- Offender can learn to control his or her behavior
- Shouting will over stimulate the offender so maintain a firm but controlled voice
- Give one directive at a time
- Be consistent
- Frequent and immediate feedback

# Statistics on Offenders with Mental Health Needs



- 2-4% of offenders in state prisons are estimated to have schizophrenia or other psychotic disorders
- 13-19% are estimated to have major depression
- 2-4% are estimated to have bipolar disorder
- 22-30% are estimated to have an anxiety disorder
- 6-12% are estimated to have post-traumatic stress disorder

# Schizophrenia



A chronic condition of unknown cause resulting in symptoms lasting for a prolonged period that are not caused by drug abuse or other medical problems

# When Working with Offenders Diagnosed with Schizophrenia



## **Do:**

- Be aware that many schizophrenics, in a psychotic state, are suspicious of everyone's motives, actions, food, etc.
- Reassure the offender he/she is safe
- Speak in short, simple sentences
- Ask direct questions and do not offer a variety of choices
- Be patient when asking a question
- Answer offender questions honestly

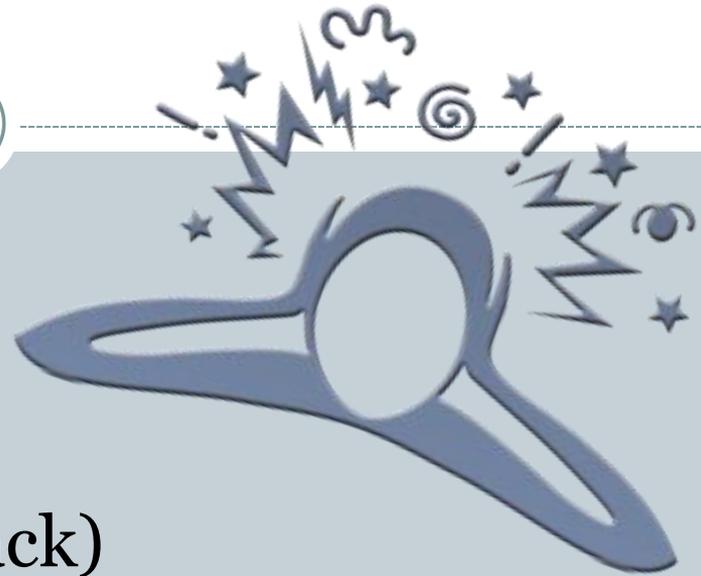
# When Working with Offenders Diagnosed with Schizophrenia



## **Don't:**

- Don't argue with the individual over the validity of the hallucination/delusion
- Don't focus exclusively on the content of the hallucination
- Don't joke or tease the individual about the hallucination
- Don't use "why" questions
- Don't touch or restrain an offender without sufficient backup
- Avoid laughing, whispering, or talking quietly

# Anxiety Disorders



- Panic Disorder (panic attack)
- Specific Phobias
- Obsessive Compulsive Disorder
- Acute Stress Disorder
- Generalized Anxiety Disorder
- Post Traumatic Stress Disorder

# When Working with Offenders with Anxiety Disorder



## **Do:**

- Be predictable; don't surprise them
- Find something positive in every experience
- Be patient
- Use caution
- Facilitate understanding through listening

# When Working with Offenders with Anxiety Disorder



## **Don't:**

- Try to predict their mood
- Make assumptions; ask the offender
- Panic when the person with the disorder panics
- Say “relax”, “calm down”, “you’re being ridiculous.”
- Crowd the person (personal space)

# Mood Disorders

## Depression



- Symptoms such as low energy, prolonged sadness or irritability, and lack of interest in daily activities
- Can be triggered by a chemical imbalance or stressful emotional situations
- Is a medical condition, not a character flaw or weakness



# Mood Disorders

## Bipolar

Bipolar disorder is a medical condition that causes extreme mood changes that alternate between episodes of depression and mania

# Supervising Offenders with Mood Disorders



- Reduce activities around the individual
- Use one directive or request at a time
- Use caution
- Don't try to predict their mood
- Maintain confidentiality
- Be aware
- Does the situation warrant mental health staff or further assistance?
- Decide if the individual is placing himself/herself or others in immediate danger?
- Monitor your responses to the offender's behavior
- Report the situation to your supervisor and/or mental health staff immediately.

# Self-harm



- Cutting
- Scratching
- Picking scabs or interfering with wound healing
- Burning
- Punching self or objects
- Inserting objects in body openings
- Bruising or breaking bones
- Hair pulling, other various forms of bodily harm

# Psychotropic Medication



Psychotropic medications are prescribed by a psychiatrist to decrease symptoms of mental illness

## **Examples:**

Stimulants, Tricyclic Antidepressants, Selective Serotonin Re-uptake Inhibitors, Atypical Antidepressants, Mood Stabilizers, and Antipsychotics

# Medication Side Effects



- Gastrointestinal
- Cardiovascular
- Central nervous system
  - Other



# Principles for Effective Management



1. Be attuned to special needs symptoms
2. Seek help when appropriate
3. Learn more about special needs conditions
4. Provide assistance in a way that fosters independence
5. Use effective communication skills
6. Treat special needs offenders and all offenders with respect and use the “Golden Rule”
7. Remember that special needs offenders are to be treated with the same dignity and respect that you would treat any other offender



- Confidentiality of special needs offender's health status and treatment is protected by federal law, state law, and Department Policy.
- “Any staff person who knowingly or intentionally discloses information classified as restricted or confidential commits a Class A misdemeanor” (Policy 01-04-104)

# Congratulations!!



**YOU HAVE COMPLETED THE MODULE ON,  
“SPECIAL NEEDS OFFENDERS.”**

**IF YOU HAVE ANY QUESTIONS, PLEASE  
CONTACT YOUR COMMUNITY  
INVOLVEMENT COORDINATOR.**

**STAFF DEVELOPMENT AND TRAINING**